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PTO/SB/50 (05-03)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE17513 U.S. PTO
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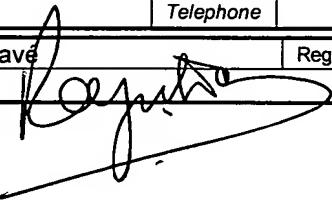
REISSUE PATENT APPLICATION TRANSMITTAL

Address to:	Attorney Docket No.	251002008830
	First Named Inventor	Osamu MIYAGAWA
	Original Patent Number	6,306,358
	Original Patent Issue Date (Month/Day/Year)	October 23, 2001
	Express Mail Label No.	

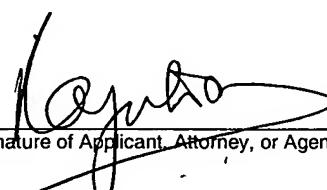
APPLICATION FOR REISSUE OF: Utility Patent Design Patent Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)	
3. <input type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)	
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 CFR § 1.175)(PTO/SB/51 or 52)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	
6. <input type="checkbox"/> Power of Attorney	15. <input checked="" type="checkbox"/> Preliminary Amendment	
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input type="checkbox"/> 37 CFR 3.73(b) Statement (PTO/SB/96)	17. Other: <input type="checkbox"/>	
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table		
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)		
a. <input type="checkbox"/> Computer Readable Form (CFR)		
b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper		
c. <input type="checkbox"/> Statements verifying identity of above copies		

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	25227	or <input type="checkbox"/> Correspondence address below		
Name				
Address				
City	State	Zip Code		
Country	Telephone	Fax		
Name (Print/Type)	Raj S. Dave	Registration No. (Attorney/Agent)	42,465	
Signature			Date	October 23, 2003

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 251002008830		
Claims as Filed – Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	or	Rate	Fee
(A) Total Claims (37 CFR 1.16(j))	(B)	****	= x \$	=	x \$		=	
(C) Independent claims (37 CFR 1.16(i))	(D)	*	= x \$	=	x \$		=	
Basic Fee (37 CFR 1.16(h))				\$	\$			
Total Filing Fee				\$	0.00	\$		
Claims as Amended – Part 2								
	(1) Claims Remaining After Amendment		(2) Highest No. Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	or	Rate
Total Claims (37 CFR 1.16(j))	*** 16	MINUS **	* =	x \$	=	x \$		=
Independent claims 37 CFR 1.16(i))	*** 3	MINUS *****	=	x \$	=	x \$		=
Total Additional Fee				\$	0.00	\$		
* If the entry in (D) is less than the entry in (C), Write "0" in column 3.								
** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.								
*** After any cancellation of claims.								
**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).								
***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).								
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>03-1952</u> in the amount of \$ <u>770.00</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<u>October 23, 2003</u> <u>Date</u>								
 <u>Signature of Applicant, Attorney, or Agent of Record</u>								
<u>Raj S. Davé</u> <u>Typed or printed name</u>								
<u>42,465</u> <u>Registration Number, if applicable</u>								